



**CITY OF ASHEVILLE  
and  
ASHEVILLE REGIONAL HOUSING CONSORTIUM**

**HOME Investment Partnerships Program  
and  
Community Development Block Grant Program**

**APPLICATION FOR FUNDING  
for  
NON-CONSTRUCTION  
PROJECTS**

**For grant year starting  
July 1, 2005**

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**Pre-application form must be submitted by December 30 2004**

## GENERAL APPLICATION INSTRUCTIONS

### Which Form?

This form is to apply for CDBG **or** HOME funds for **non-construction projects**. This includes:

- Social services (CDBG only)
- Housing services (CDBG only)
- Tenant Based Rent Assistance (HOME only)
- Down-payment assistance (HOME – American Dream Downpayment Initiative - ADDI)
- Job training and small business assistance (CDBG only)
- Planning (CDBG or HOME)

There is a separate form for construction projects: that is projects involving the acquisition or improvement of real property, including housing rehabilitation programs. Down-payment assistance to homebuyers is counted as non-construction and so are emergency (minor) repair programs. Call CD staff if in doubt which form to use.

### CDBG or HOME?

This is not a simple question, since the programs do overlap. CDBG funds can be used for a wide variety of non-construction programs, but must be used within the City of Asheville. HOME funds may be used anywhere in the Consortium (Buncombe, Henderson Madison and Transylvania Counties) but the only non-construction uses eligible for HOME funding are Tenant Based Rental Assistance and down-payment assistance to homebuyers.

If in doubt, please contact City of Asheville staff. If the project is eligible for both sources of funding (e.g. down-payment assistance) you must choose which one to apply for, as CDBG and HOME cannot be used on the same project.

### Eligible Applicants

**HOME applicants must be:**

- Consortium member governments; or
- Non-profit agencies applying through a member government (outside Asheville: contact your member government for additional application requirements);

**CDBG applicants must be:**

- Non-profit agencies with a primary purpose to provide housing, human services or economic development services within the City of Asheville.

“Non-profit” means having a 501c(3) tax exemption notice from the IRS.

All applicants must demonstrate a track record of continuous and active operation for at least two years.

### Income Eligibility

In general, all projects must benefit persons with household income below 80% of median income adjusted for family size (see table on page V). **New applicants must seek advice on eligibility from City Community Development staff at 259-5721.**

<b>Grant Period</b>	The funding period starts July 1, 2005. Costs incurred before that date cannot be reimbursed. You should plan to expend all funds by June 30, 2006.
<b>Special Conditions</b>	Please note that total funding to support social service programs is limited to 15% of the CDBG budget. Competition for these funds may be particularly tight.
<b>Invalid Applications</b>	Applications may be rejected without evaluation for the following reasons: <ol style="list-style-type: none"> <li>1) Program not clearly eligible according to CDBG/HOME regulations.</li> <li>2) Applicant has demonstrated poor past performance in carrying out City-funded programs or complying with federal regulations.</li> <li>3) Applicant fails to provide audited financial statements or other required information.</li> </ol>
<b>Project Evaluation &amp; Funds Allocation</b>	<p>Applications will be evaluated by staff and assigned scores according to criteria based on the priorities in the Consolidated Strategic Plan, the feasibility of the project, and the capacity of the agency to carry it out. Criteria will be based, in part, on priorities to be established in the 2005-2010 Strategic Consolidated Plan and are therefore not yet available. These scores will be used as a guide in allocating funds, but will not be the sole factor in determining whether a program will be funded or how much funding it will receive.</p> <p>After this initial evaluation, CDBG applications will be reviewed by the City of Asheville's Housing and Community Development Committee and HOME applications by the Asheville Regional Housing Consortium Board. These bodies will present their allocation recommendations to the Asheville City Council in the form of a Consolidated Action Plan for the CDBG and HOME programs. In addition, the City will seek citizen input on the Plan through public hearings. The schedule is on the next page.</p>

**Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not funded. Successful applications may be funded for less than the amount requested.**

## Schedule for CDBG & HOME Planning for 2005

<b>2004</b>	
November 9	First Public Hearings in Henderson and Madison Counties
November 10	First Public Hearings in Buncombe and Transylvania Counties
<b>December 3 (Friday) (9:30 – 11:30 Asheville City Hall, 6<sup>th</sup> floor training room)</b>	<b>Training session for applicants. You are strongly advised to attend</b>
December	1-on-1 Technical Assistance – <b>required for new applicants</b>
<b>December 30 (Thursday)</b>	<b>Deadline to submit pre-application form</b>
<b>2005</b>	
<b>January 31 (Monday)</b>	<b>Deadline for applications</b>
February	Staff review of applications
March 9 or 16	HOME applicant interviews
Week of March 14	CDBG applicant interviews
March 25 (Friday)	Draft Plan published for public comment
April 12 (Tuesday)	Asheville City Council: Public Hearing on draft plan
April 22 (Friday)	Deadline for citizen comments on draft plan
April 26 (Tuesday)	Asheville City Council approves Plan
May 12	Deadline for submitting Plan to HUD

## Income Limits For Extremely Low, Very Low, and Low Income Households

(Based on HUD calculations of area median family income for FY 2004.

We expect to receive revised limits for 2005 early next year)

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Buncombe & Madison (incl. City of Asheville)	Extremely Low Income	<30%	10,450	11,950	13,400	14,900	16,100	17,300	18,500	19,700
	Very Low Income	31-50%	17,400	19,900	22,350	24,850	26,850	28,850	30,800	32,800
	Low Income	51-80%	27,850	31,800	35,750	39,750	42,950	46,100	49,300	52,500

AMI = Area Median Family Income

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Henderson	Extremely Low Income	<30%	11,100	12,650	14,250	15,850	17,100	18,350	19,650	20,900
	Very Low Income	31-50%	18,500	21,100	23,750	26,400	28,500	30,600	32,750	34,850
	Low Income	51-80%	29,550	33,800	38,000	42,250	45,600	49,000	52,400	55,750

County	Category	% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Transylvania	Extremely Low Income	<30%	10,750	12,300	13,800	15,350	16,600	17,800	19,050	20,300
	Very Low Income	31-50%	17,900	20,500	23,050	25,600	27,650	29,700	31,750	33,800
	Low Income	51-80%	28,650	32,750	36,850	40,950	44,250	47,500	50,800	54,050

**Client Income eligibility:** HOME- and CDBG-assisted programs must serve low income clients (less than 80% of AMI). For HOME rental programs lower income limits apply. For all HOME programs and for CDBG programs providing direct financial benefits, **all** clients must meet income eligibility limits. For other CDBG programs at least 51% of clients must meet income limits. Certain categories of CDBG clients e.g. the homeless, may be presumed to meet income limits. If you are not sure about your program's eligibility, please call CD staff.

**Client Income Tracking:** As well as ensuring client eligibility, HUD requires us to report the numbers of clients served in each of the income groups listed above.

## DETAILED APPLICATION INSTRUCTIONS

- Submit **pre-application form** no later than **December 31, 2004**.
- **Applicants who have not previously received CDBG or HOME funding for the same, or a very similar project, must set up a meeting with CD staff before submitting their full application, to discuss program eligibility and other requirements. New projects without an initial meeting may not be accepted.**
- Submit original and four copies of **full application** by 5:00 PM on **Friday, Jan. 30, 2005**
- Forms may be submitted by hand at Asheville City Hall, Fifth Floor, or by mail to:  
City of Asheville  
Community Development Division  
Post Office Box 7148  
Asheville NC 28802-7148
- Electronic submission is acceptable for the pre-application form, but not for the full application form.
- The application form may be completed manually or reproduced in applicant's word processor system (recommended). It can be downloaded from the City website at <http://www.ashevillenc.gov/planning/cdbg.htm>
- Applications should be fastened with a paper clip or other fastening that can easily be undone for copying. Please do not use binders, covers, or staples.
- Applications should start at Page 1 (Application Information). Do not include a cover letter or the instruction pages; any covers will be discarded.
- The required attachments listed on Page 2 should be attached at the back of the original application in the order listed. If lengthy, they may be omitted from the copies.
- Additional printed documentation, photographs and maps may be placed immediately behind the page they refer to. They should be included in all four copies.
- Narrative responses should be double-spaced in a typeface no smaller than 11-point.
- **Applications exceeding 20 pages (excluding required attachments) and pages larger than 11x17 or in color are strongly discouraged. We may require you to furnish up to 15 additional copies of such applications or pages at your own expense.**
- Please read all questions and instructions carefully. **The care that goes into accurately and informatively completing this application is evidence of your agency's ability to manage the complexities of CDBG and HOME program requirements.**

Staff in the City's Community Development Division will be happy to answer questions about the CDBG and HOME programs, this form and the application process, but cannot help write applications or offer comment on drafts. (Tel. 259-5721), e-mail: [bgriffith@ashevillenc.gov](mailto:bgriffith@ashevillenc.gov) .

# PRE-APPLICATION FORM

## Non-Construction

Please submit this form (one page) as early as possible,  
and no later than Thursday, December 30, 2004

Name of Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Provisional Name of Project: \_\_\_\_\_

Project Type (check one or more):

- \_\_\_\_\_ Social services (CDBG only)
- \_\_\_\_\_ Housing Services (CDBG only)
- \_\_\_\_\_ Tenant Based Rent Assistance (HOME only)
- \_\_\_\_\_ Down-payment assistance (HOME-ADDI)
- \_\_\_\_\_ Job training and small business assistance (CDBG only)
- \_\_\_\_\_ Planning (CDBG or HOME)
- \_\_\_\_\_ Other: \_\_\_\_\_

Applying for (check one): ☐ CDBG funds ☐ HOME funds ☐ Not sure yet

Likely amount of request (check one): \_\_\_\_\_ less than \$50,000  
\_\_\_\_\_ \$50,000-100,000  
\_\_\_\_\_ more than \$100,000

You must check one of the following statements:

- \_\_\_\_\_ 1. We have previously received CDBG or HOME funds for this project or one very similar and do not need one-on-one technical assistance before submitting our application.
- \_\_\_\_\_ 2. We have not previously received CDBG or HOME funds for this project and request one-on-one technical assistance before submitting our application.

CITY OF ASHEVILLE  
ASHEVILLE REGIONAL HOUSING CONSORTIUM

**Application for Funding  
for a  
NON-CONSTRUCTION PROJECT**

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**This is an application for:** ☐ **CDBG** ☐ **HOME** ☐ **HOME-ADDI**  
(Check only one box)

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**SECTION I  
APPLICANT INFORMATION**

Full Legal Name of Applicant: \_\_\_\_\_

Applying as:  
(check one) ☐ Asheville CDBG Subrecipient (CDBG only)  
☐ Asheville HOME Subrecipient (HOME only)  
☐ Other Member Government (HOME only)  
(Subrecipient agency, if any: \_\_\_\_\_)  
☐ CHDO (HOME only)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Total funds requested: \$ \_\_\_\_\_

**To the best of my knowledge and belief all data in this application are true and current. The document has been duly authorized by the governing board of the applicant.**

**Signature:** \_\_\_\_\_  
Mayor/Chair of Board Date



**You must provide an ORIGINAL plus FOUR COPIES of the following sections in the order listed:**

- Also, please provide ONE of each of the following attachments, if available:**

- \* Please check with CD staff before indicating that documents are on file with the City.

**II.A. Program Title:** \_\_\_\_\_

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☐ Human Services                      ☐ Housing Services related to HOME-assisted projects  
☐ Job training                            ☐ Small Business Assistance  
☐ Tenant-Based Rent Assistance      ☐ Homebuyer downpayment assistance  
 Other (Specify) \_\_\_\_\_

**2**

**II.D. Program Purpose** (one sentence stating the purpose of the program in simple language):

**II.E. Program Justification.** Who are the targeted clients? What are their needs? What objective data can you quote in evidence of needs? (Note that there is another question below covering the detail of how the program will be operated):

**II.F.** Is this a **human services program** which is not already CDBG-funded? YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES,

- a) briefly describe other relevant programs in the Asheville area and demonstrate that there is a gap in service provision.
- b) Say how CDBG funding will enable you to provide new or expanded services (be quantitative)

**II.G. Program Operation.** Explain simply and clearly how your program works. This may take more than one page. Please concentrate on practical details - what, where, when, who and how - rather than program philosophy or purpose. **Do not assume that the reader knows anything about your operations.** For service programs, this is best done by describing the steps by which a **client** progresses through the program, rather than focusing on what **staff** do. Among other things, be sure to include how clients access the program in the first place, how much time they typically spend with staff in program activities, how they provide evidence of their eligibility, and how your collaboration with other agencies helps them. For minor rehab programs only, describe in detail how you address lead-based paint testing and hazard control on property built before 1978.

**II.H. Staffing.** Identify your program team by name, job title, and employment status (employee, independent contractor, or volunteer), and describe each person's relevant experience and program role. (use job titles consistently here, on the agency organizational chart, and in the Budget salary table) **For minor rehab programs only**, identify project staff who have completed training in Lead Safe Work Practices (with date) or have any more extensive training in LBP hazard control.

- II.I. Timetable.** For **new programs**, or programs in which **significant improvements** are proposed, complete the following table to identify the key implementing steps and target dates. Add rows as needed.

Action	Target date for completion

- II.J Housing Services applicants only.** If you are applying for a CDBG Housing Services grant to assist with the staff and overhead costs of producing HOME-assisted units, please complete the following table.

Project Name	Expected No. of HOME-eligible units			Unit type: S/F or M/F	Expected completion date	Amount project receives in CDBG project delivery or HOME-funded developer fees
	New Constr.	Rehab	Down-payment assistance only			

## II.K. PROGRAM TARGETS

1. **Client Demographics.** Please complete the following tables to the best of your ability. Show numbers of clients, **not percentages**, in each category. Current income limits are on page V of the general instructions.

Number of Persons or Households Served, by Income Group					
Check whether counting Persons: <input type="checkbox"/> or Households: <input type="checkbox"/>					
Year	<30% of median	31-50% of median	51-80% of median	>80% of median	Total
2003/2004 (actual)*					
2004/2005 (as now projected)					
2005/2006 (target)					

\*For existing programs this line should be consistent with data you submitted for the CAPER

## 2. Program Outputs and Outcomes

Please complete the table below to show how you define and measure your program's effectiveness. When completing this section keep in mind the question: ***"How do we know this program is making a difference in the lives of those served?"***

In the "Output" column provide one or more measures of the volume of services you provide each year: e.g. no. of hours of 1-on-1 counseling; no. of training sessions.

In the "Outcome" column describe one or more expected benefits to your clients or to the community; that is the change in the conditions, attitudes, skills, or behaviors that you are trying to bring about: e.g. obtaining stable housing; eliminating personal debt; increased awareness of housing discrimination.

In the "Indicator" column tell us the specific, measurable target(s) that will show that the outcome was achieved. The indicator must state number(s) not just percentages: e.g. "57 clients (85% of intake) will obtain decent housing and 45 retain it for at least 6 months"; "28 clients (35% of those completing training) will become debt-free during program year"; 150 people (85% of those attending) will be able to list 3 signs of discrimination"

In the "Measurement Tool" column describe the sources of data you use to measure the indicator: e.g. "agency case records and 6 month follow-up survey"; "agency case records and client credit reports"; "post-training questionnaire".

If you lack information from prior years, indicate "not available".

**It is important to identify only those outputs, outcomes, and indicators that can reasonably be achieved and measured. One of each is enough, but you may specify more if you wish. If your program has several distinct components, you may want to complete a table for each sub-program.**

<b>Year</b>	<b>Output</b> (A measure of the volume of services provided )	<b>Outcome</b> (The expected benefit to clients: a change in conditions, skills, behavior, etc.)	<b>Indicator</b> (Measurable characteristic which signifies that the outcome has been achieved; include target # and %).	<b>Measurement Tool</b> (Survey, interviews, tests, assessments, case records, etc.)
<b>2003/04 Actual</b>				
<b>2004/05 Projected</b>				
<b>2005/06 Target</b>				

## SECTION III BUDGET

### III.A. PROGRAM OPERATING BUDGET:

Please provide budget information on the next page for **this program only**, (not the entire agency, unless this is the agency's sole program). Columns 2-4 cover the **total** revenues and costs for your program, including the funds you are applying for. Column 5 shows just the CDBG or HOME amount requested in this application, and how those funds are to be used. **If you do not use our fiscal year (July 1-June 30) for your budgeting, please amend the column headings accordingly.**

## Revenue

Source	7/1/03 – 6/30/04 Actual	7/1/04 – 6/30/05 As now Projected	7/1/05 – 6/30/06 Proposed	7/1/05 – 6/30/06 This Grant Only	05/06 Funding Committed ? YES/NO
This Grant					NO
CDBG Program Income					
Other Grants (list):					
Support from the Public					
Program Fees					
Other (specify)					
TOTAL REVENUE					

## Expenditures

Line Item	7/1/03 – 6/30/04 Actual	7/1/04 – 6/30/05 As now Projected	7/1/05 – 6/30/06 Proposed	7/1/05 – 6/30/06 This Grant Only
Salaries				
Taxes & Fringe Benefits				
Professional Fees				
Supplies				
Telephone				
Postage				
Occupancy Costs				
Equipment Maintenance				
Printing & Publications				
Travel & Training				
Direct Assistance to Clients				
Membership Dues				
Indirect Costs				
Other				
TOTAL EXPENDITURE				
Excess (shortfall) of Revenue over Expenditure				0

**Note:** If this program budget covers significant activities outside Asheville, please estimate the percentage of program effort provided within Asheville: \_\_\_\_\_ %

**III. B. EXPLANATION OF BUDGET CHANGES:** Please explain all large changes in expenditures from year to year (a “large change” is an increase or reduction of more than 10% in a line item, but you may ignore changes less than \$1000).

**III. C. CDBG/HOME STAFF COSTS:** If application includes CDBG or HOME funding for salaries or fringe benefits, please complete this table:

Position Title	Total Annual Salary	% Time to be spent on CDBG Program	CDBG/HOME Salary Request
		<b>TOTAL:</b>	

#### III.D. IN-KIND SUPPORT (optional)

If your program will receive significant non-cash support (e.g. donated goods or services, volunteer labor, loans provided directly to clients by third parties through your efforts), you should list it here so we can take it into account in estimating “leverage”. Volunteer labor should be valued at \$10 p.h. unless you can justify a larger amount (e.g. for donated professional services).

#### III.E. PROGRAM INCOME

Program income is income directly generated by the use of CDBG, HOME or other Federal funds. Examples include the repayment of CDBG or HOME loans that you have made, or the net proceeds from sale or rent of assisted property.

1. List the specific programs operated by your organization that generate CDBG or HOME program income:
2. How does your organization currently use program income?
3. Complete the table below for your organization’s on-hand and projected CDBG and HOME program income. Remember to include program income from all of your CDBG or HOME programs.

	CDBG Program Income		HOME Program Income	
Balance at 12/31/04	\$		\$	
Estimated receipts 7/1/05 – 6/30/06	\$		\$	
Proposed Use(s) & Amount(s)	Program	Amount	Program	Amount
		\$		\$
		\$		\$
		\$		\$
		\$		\$

**SECTION IV**  
**AGENCY MANAGEMENT**  
(Consortium Member Governments do not need to complete this section)

**IV.A. ORGANIZATION**

1. What is your organization mission statement?
2. Incorporation date (Month and Year)?
3. Estimated Agency Budget for FY 2005: \$ \_\_\_\_\_
4. Number of staff employed (full time equivalents) \_\_\_\_\_
3. Does your organization have any of the following written management policies:

Policy	Yes	No	Date Last Updated	On file with City ?
Personnel policy				
Job descriptions				
Purchasing policy				
Code of conduct				
<b>ADA policy*</b>				
Indirect Cost Allocation Plan				

**\* This year we are asking you to attach a copy of your ADA policy (self evaluation), if it is not already on file with us. An ADA self evaluation goes beyond a simple statement of intention not to discriminate; it shows how you have reviewed your premises, programs, and personnel policies to ensure that no unnecessary barriers exist to full program participation or employment for persons with disabilities. For more details see <http://www.hud.gov/offices/cpd/lawsregs/notices/2000/00-10.pdf>**

**IV.B. AGENCY TRACK RECORD.** Please describe what makes your agency particularly qualified to carry out the program described in Section II. (This may include your past achievements in carrying out this program or other similar programs, experience of key staff, collaborative relationships with other agencies, or any other features relating to agency capacity that you consider relevant).

**IV.C. BOARD OF DIRECTORS:**

1. How many board members should you have according to your by-laws?
2. How many do you actually have at this date?
3. How often does your board meet?
4. What was the actual attendance at each of the last three regular Board meetings?
5. Have you failed to reach a quorum at any Board meetings in the last 12 months?  
If so, How many times?
6. Do any of your organization's staff members serve on your board?

7. What efforts do you make to ensure that your board represents the community it serves?
8. **Please attach a complete list of your officers and members of your board of directors. Include addresses and phone numbers.**

#### IV.D. ATTACHMENTS

Please provide one copy of each of the following documents, unless they are already on file with the City:

1. By-Laws, Articles of Incorporation, and 501c(3) determination letter.
2. A copy of your most recent **audited financial statement**, including the management letter if one was issued.
3. If you have completed a financial year that has not yet been audited, please also attach an **un-audited financial statement** for that year.
4. A complete list of the members of your **Board of Directors**. Include addresses and phone numbers.
5. An **organizational chart**. Highlight staff who will be responsible for this project
6. A copy of your **ADA Policy**.

### SECTION V DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any Board Members or employees, or members of their immediate families, or their business associates:

- |  |                |
|--|----------------|
| a) Employees of or closely related to employees of the City's Planning and Development Department:       | YES ___ NO ___ |
| b) Members of or closely related to Members of City Council:   | YES ___ NO ___ |
| c) Current beneficiaries of the program for which funds are requested:                                   | YES ___ NO ___ |
| d) Paid providers of goods or services to the program or having other financial interest in the program: | YES ___ NO ___ |

If you have answered YES to any question, **please attach a full explanation**. The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.